Stanford In-Processing Requirements Checklist

VA PALO ALTO HEALTH CARE SYSTEM (VAPAHCS)

Full Name: _____   **Academic Rotation 2015 - 2016**

Department: _____   **(Packet due NO LATER THAN 5/8/2015)**

Check one: Intern ☐ Resident ☐ or Fellow ☐ Specialty _____

Check one: PGY Level: I ☐   II ☐   III ☐   IV ☐   V ☐   VI ☐

New to VA Palo Alto Health Care System? (Check) Yes ☐ or No ☐

<mark>THE DOCUMENTS ON THIS LIST ARE ALL REQUIRED TO BE SUBMITTED WITH YOUR PACKET, PLEASE READ THE INSTRUCTIONS FOR EACH REQUIREMENT CAREFULLY TO AVOID DELAYS. DO NOT STAPLE!!</mark>

☐ **Requirement # 1** – Information Required for Electronic Fingerprint Verification Form
(Complete all fields on this form, see VAPAHCS Welcome Letter for more detailed instructions)

NOTE: Make arrangements with your House Staff Coordinator to travel to VAPAHCS for fingerprinting during orientation; also check for instructions on how to get this done at a VA facility in your State).

☐ **Requirement # 2** – "I-9 Employment Verification Form", correct version expires 3/31/2016 (Required by the U.S. Department of Homeland Security, see 5 page attachment: instructions and form to complete).

☐ **Requirement # 3** - OF 306 – Declaration for Federal Employment
(SEE "SAMPLE OF 306" for instructions on how to fill correctly).

☐ **Requirement # 4** – *Follow instructions to self-register on the TMS/training website. You will need to save your certificate in pdf format to send with packet, and print a copy to bring with you for your VA rotation.*

☐ **Requirement # 5** – (FOR INFO) PIV/Photo Identification Documentation Criteria
<mark>**The names on both forms of ID must match exactly**</mark> **– review instructions,** make **clear and easy to read** copies of IDs and **submit with this packet**, but **also** bring your original documents to present at the time of your VA orientation and processing.

☐ **Requirement # 6** - VA Form 10-2850d – "Application for Health Professions Trainees"
(Do not forget to sign/date "Authorization for Release of Information", complete **all** fields).
NOTE: If you are **not a citizen**, provide a legible copy of authorization documents (i.e., Visa, permit, etc.)

☐ **Requirement # 7** – Trainees Info Data Sheet Form
(Complete all information here and **do not forget to include license, DEA and NPI numbers**; current address/phone number/contact information will be updated again, once you begin your training rotation).

☐ **Requirement # 8** - Previously Issued VAPAHCS ID Badge, if Applicable (no attachment).
NOTE: If you were previously issued a VAPAHCS ID Badge and did not return it when your last rotation at Palo Alto ended, you must return it before you will be issued a new VAPAHCS ID Badge. A $10 fine is assessed for unreturned VAPAHCS ID Badges.

IMPORTANT: If you already rotated at a different VA facility/hospital, in any status (i.e., medical student, Intern, Resident, Fellow, etc.), please provide the following information:

LOCATION (Hospital/Facility) NAME: _____

Dates of most recent training: _____   **Issued a PIV badge? YES ☐   NO ☐**

If you are currently working at another VA, when is the last date you will use your computer access at this facility? _____   **Important – IT must change account to this domain.**

<mark>CONTACT YOUR SPECIALTY HOUSE-STAFF COORDINATOR, IF QUESTIONS.</mark>

DO NOT ALTER THIS FORM IN ANY WAY